$FAX\ number$

LIMITED STATES DISTRICT COURT

| | UNITED STA | for the | ISTRICT COURT |
|-------|--|-------------|-----------------------------|
| | | _ District | of |
| | Plaintiff V. Defendant |)) | Case No. |
| | APPEAR | RANCE O | F COUNSEL |
| To: | The clerk of court and all parties of record | | |
| | I am authorized to practice in this court, and | I appear in | this case as counsel for: |
| Date: | | | Attorney's signature |
| | | | Thiorney's signature |
| | | | Printed name and bar number |
| | | | Address |
| | | | E-mail address |
| | | | Telephone number |